

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

Image Objectives

FROM:

C/IMSS/OL

EXTENSION

NO.

DATE

28 JAN 1986

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1. C/SD/OL
3E14 Headquarters

2.

3.

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15.

Attached is a copy of a note to C/PD/OL and C/RECD/OL, along with a copy of [] note requesting a formal quality control vehicle which measures your responsiveness and inclusion of this as one of your MBOs.

Your Office-Level MBO #11 seems to meet the criteria in John's note and you are not being asked to submit another MBO. However, please make a note that paragraph e of John's note requests that the monthly examinations of the results be compiled into an annual report to the D/L. A reminder will be sent to you when this report is due.

15/
[]
Attachments
As stated

STAT

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